

TOWN OF FISHKILL APPLICANT DISCLOSURE FORM

To be completed and submitted with any application, petition or request submitted for a variance, zoning code amendment, change of zoning, approval of plat, exemption from a plat or official map, site development plan approval, special use permit, license or other permit pursuant to the provisions of any ordinance, local law, rule or regulation constituting the zoning, subdivision and planning regulations of the Town of Fishkill.

The time frame covered by this disclosure shall be for the period of three (3) years prior to the application to the Town, and it shall cover any subjects which are under negotiation and may possibly develop within the period of one (1) year following the date of the application.

Narrative descriptions of the interest or interests shall be reasonably detailed, and shall include reference to the time frames of the relationships being disclosed.

1. APPLICANT INFORMATION.

Applicant Name

Applicant Address

Applicant Contact Information

Approval(s) Sought

2. REAL PROPERTY INFORMATION.

Street Address/Location of the Real Property which is the Subject of the Application, Petition or Request

Property Tax I.D. No., Zoning District and Acreage

3. DISCLOSURE REQUIRED.

The applicant shall disclosure the name, residence and the nature and extent of any interest of any officer or employee of the Town of Fishkill, and related persons described below, in the person, partnership, business association, corporation or other entity(ies) making the application, petition or request.

Name and Title of Town of Fishkill Officer or Employee

Name of Town of Fishkill officer or employee's spouse or domestic partner, or their brother(s), sister(s), parent(s), child(ren), grandchild(ren) or the spouse of any of them, if applicable.

Address

Interest (choose all that apply):

- ☐ () The public officer or employee, or other related person named above, is the applicant.
- ☐ () The public officer or employee, or other related person named above, legally or beneficially owns or controls stock of a corporate applicant or is a member of a partnership of other business associations comprising the applicant.
- ☐ () The public officer or employee, or other related person named above, is an officer, director, partner or employee of the applicant or has any other business or financial relationship with the applicant.¹

¹ "Any other business or financial relationship" of the officer or employee, or his or her spouse or domestic partner, or their brothers, sisters, parents, children, grandchildren or the spouse of any of them shall include business or financial relationships of the public officer or employee, or related persons, in an individual capacity or as a member, partner, officer, director or owner of any business entity or association of the public officer or employee or related persons.

- Description of the nature and extent of any interest identified above (use additional paper as necessary to frame a full and disclosive response):

Signature

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STATE OF _____, COUNTY OF _____, SS: _____

On the _____ day of _____, _____, before me, the undersigned, a notary public in and for said state, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Notary Public